

Academy News



Academy of
Osseointegration

Advancing the Vision of Implant Dentistry

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Annual Meeting highlights treatment, surgery, restoration

The Academy of Osseointegration's 2001 Annual Meeting promises attendees an innovative three-track program format covering the latest in treatment planning, surgery and restorative procedures, March 22-24, in Toronto.

The three-track program design groups educational courses together — treatment planning, for example — while offering greater choice for members. Attendees may follow one specific track without having to move from seminar to seminar, or select presentations of interest and move from one track to another.

While it is impossible to attend more than one-third of the meeting's sessions, members can purchase the CD-ROM of meeting highlights to keep abreast of programs on the other tracks.

"Attendees can look forward to the most comprehensive review of state-of-the-art treatments in the field

today," said Meeting Chair Dr. **James Doundoulakis**, New York City. "It covers every aspect of treatment and highlights the latest improvements in implant products and procedures."

The meeting's structure is also tailored to maximize interaction between Academy members and leaders in their respective fields.



The CN Tower, one of the world's tallest structures, punctuates the skyline of Toronto, site of the 2001 Annual Meeting.

Photo courtesy: Tourism Toronto

"As implant dentistry focuses on new treatment options and future technologies, it becomes essential to have face-to-face discussions about the direction our profession is moving toward," said

... continued on page 4

Dental Relations Committee promotes education

The Academy's Dental Relations Committee, under the leadership of Chair Dr. **Marvin L. Baer**, Fallston, MD, has done much to promote predoctoral education on implants in a relatively short time.

The Committee grew out of a half-day faculty forum held two years ago before the Palm Springs annual meeting. "We recognized a need to work with the dental schools on predoctoral education. Most of them had strong postgraduate programs, but few offered adequate predoctoral study opportunities. It was a hindrance on the growth of implant dentistry," says Dr. **Dayn C. Boitet**, Orange Park, FL, AO's President-elect.

"It is important that graduating dentists have a solid introduction to implant dentistry to insure that their patients are well versed in the treatment options available," Dr. Boitet adds.

Dr. **Fred A. Bell**, San Antonio, TX, who teaches at the University of Texas Dental School, was the Committee's first chair. Dr. Baer, Associate Professor at the University of Maryland, succeeded him this year. Other dental schools represented on the Committee include SUNY - Stony Brook (Dr. **Vincent J. Iacono**) University of Iowa, Iowa City (Dr. **Robert L. Schneider**) and University of Connecticut, Farmington, CT (Dr. **Thomas D. Taylor**).

The Committee established twin goals of creating better predoctoral implant programs and establishing a network for exchange of information between programs. It held its first formal meeting at the New Orleans annual meeting last year.

At a 1½ day workshop last June in Baltimore, the Committee developed its first publication, *Resource Guide for*

Implant Programs. The Guide describes the benefits of predoctoral implant programs, discusses potential stumbling blocks and reviews three successful programs (SUNY - Stony Brook, University of Maryland, and University of Texas, San Antonio). It is being prepared for distribution to the deans of all dental schools with a cover letter offering the Committee's assistance in upgrading predoctoral implant programs.

A survey of dental schools found concern about the cost of dental implant hardware. The Committee found three implant manufacturers who agreed to provide free implant components to predoctoral programs requesting them. "We have gone a long way toward overcoming the economic obstacle," says Dr. Baer. "It's very important that we maintain close relations with dental implant manufacturers. They can have

continued on page 3

**Northshore Dental Labs Ad
- This Page**

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A tribute to our corporate partners

By Dr. Melvyn Schwarz

One of the unique aspects of implant dentistry is the role that the implant manufacturing companies have played in its development. Of course, it is not unique for the corporate world to be heavily involved in health care. We are all aware of the tremendous advances achieved in the treatment, or even prevention, of many diseases by virtue of developments by the pharmaceutical companies.



Dr. Melvyn Schwarz

Even closer to our situation is industry's role in the development of the many internal prosthetic devices that now improve the quality of life for so many. And think of the tremendous advances in imaging techniques that have revolutionized medical diagnosis.

Closer to home, the dental profession has always enjoyed a close association with the corporate world in the quest for the development of new and improved dental materials. Just during the past two decades, the advances in restorative materials have been revolutionary.

New products benefit patients

In the surgical disciplines of dentistry, our patients have been the beneficiaries of a whole host of relatively new

products developed by companies to promote the growth of bone. For doctors and commercial companies to be working together in the development of health care related products is the norm.

However, it seems to me that we should recognize the dental implant manufacturing companies for their contributions to the very development of our field, which goes well beyond the norm.

Yes, of course, working with clinicians, researchers and academicians, industry has developed and is constantly improving the hardware, which is essential for us to perform our miracles. Still, the dental implant companies have made a much broader contribution than simply the development of implant components.

The dental implant companies have played a major role in the development of the field itself. Because of a lack of educational opportunities in the dental schools, most of the dentists involved with implant dentistry actually received their initial training from the implant companies.

Donate to dental schools

Additionally, many ancillary personnel received some training from the implant companies. The dental implant companies have donated considerable amounts of money and implant hardware to the dental schools to assist them in the development of educational opportunities for the profession.

A win-win situation

Industry has been a major supporter of the Academy of Osseointegration since its inception. We could not have accomplished nearly as much as we have without their support.

Of course, we all acknowledge that any effort to expand the field by increasing the demand for implants, although primarily benefiting the public, also benefits dentists and the implant companies themselves. This win-win situation has led to the evolution of a unique partnership between professional associations interested in implant dentistry and the dental implant industry. AO and industry will continue to work together in the future to increase demand for implant dentistry.

At the upcoming meeting in Toronto, let's show our appreciation to the dental implant industry by attending the Corporate Forum on Thursday morning and spending time in the exhibit hall visiting the booths of our corporate partners. Let them know how much we appreciate the contribution they are making.

Your comments appreciated

NOTE: Your comments would be greatly appreciated. If you'll take the time to communicate your thoughts, I promise to take the time to read and give them careful consideration. I can be reached by email at academy@osseo.org.

Dental Relations Committee... *continued from page 2*

a major role in expansion of undergraduate implant programs."

The Dental Relations Committee is now concentrating its efforts on about 20 dental schools with the best opportunities to improve predoctoral implant programs. Other Committee activities include hosting a booth at the American Dental Education Association (ADEA) meeting in Chicago. In addition, Dr. Baer will speak at the Southeast regional

meeting of the prosthodontics section of the ADEA.

AO's Dental Relations Committee has become the core group for a larger committee known as the Predoctoral Implant Education Committee, which is supported by both AO and the International Congress of Oral Implantologists (ICOI) and includes direct participation of dental implant manufacturers. Dr. **Richard A. Kraut**, Bronx, NY, president of ICOI and an

Academy member, has had an important role in coordinating efforts of the two organizations.

"We recognize that there are obstacles to getting emerging technologies into the dental school curricula. There is a much stronger mandate to include them in graduate programs," says Dr. Baer. The committee is trying to develop a list of pre-doctoral implant program liaisons at each of the dental schools.

Annual Meeting three-track program... *continued from page 1*



Dr. James Doundoulakis

Program Chair
Dr. David Cochran,
San Antonio,
TX. "Dialogue
between profes-
sionals creates a
more productive
debate on the
issues we face
today. It also

allows legitimate questions to be brought to the forefront, rather than being lost in a sea of nameless faces," he added.

The meeting's opening symposium, "Implant Site Preparation," features the expertise of Drs. **Michael Pikos**, Palm Harbor, FL; **Vincent Kokich**, Seattle, WA; and **Martin Chin**, San Francisco.

Dr. Pikos' "Vertical Bone Reconstruction of the Atrophic Posterior Mandible Utilizing Mandibular Block Autografts" presentation focuses on key surgical and prosthetic principles that must be followed to achieve long-term case success in this procedure.

"Implant Site Development: The Orthodontic Alternatives," by Dr. Kokich, will educate participants on ways to identify patients who can benefit from orthodontic ridge development as opposed to surgery, as well as when to extract primary or permanent teeth in the implant site.

"Distraction Osteogenesis and Osseointegration," moderated by Dr. Chin, will focus on this new and powerful concept in reconstructive surgery. Distraction osteogenesis has a unique ability to regenerate bone and soft tissue simultaneously.

Other program highlights include:

Thursday, March 22

AO's **Corporate Forum** features manufacturer-hosted educational sessions to provide members with in-depth scientific information accumulated through research and development efforts. Participating companies include:

- **CeraMed Dental, LLC**, "Peptide (P-15) Enhanced Bone Graft in Periodontal, Sinus and Ridge Augmentation Procedures"
- **Friadent**, "Edentulous Ridge Expansion," and "Success by Design — Implant Dentistry Update 2001: Where to from Here?"

"As implant dentistry focuses on new treatment options and future technologies, it becomes essential to have face-to-face discussions about the direction our profession is moving toward"



—*Dr. David Cochran*

- **3i, Innovation Implant, Inc.**, "Partners in Innovation"
- **Nobel Biocare**, "TiUnite — A New Nobel Biocare Implant Surface"
- **The Straumann Company**, "Prosthetic Options with ITI Dental Implants: The New synOcta® Concept"

Friday, March 23

- **Limited Attendance Lectures** — Attendees have the opportunity to meet featured leaders in the field of surgical development in a more intimate setting. Lecturers include Drs. **Milos M. Boskovic**, **Paul A. Fugazzotto**, **Torsten Jemt**, and Prof. **Neil Meredith**. Lectures will be presented from 8 a.m. to 9:30 a.m. and repeated at 10 a.m.

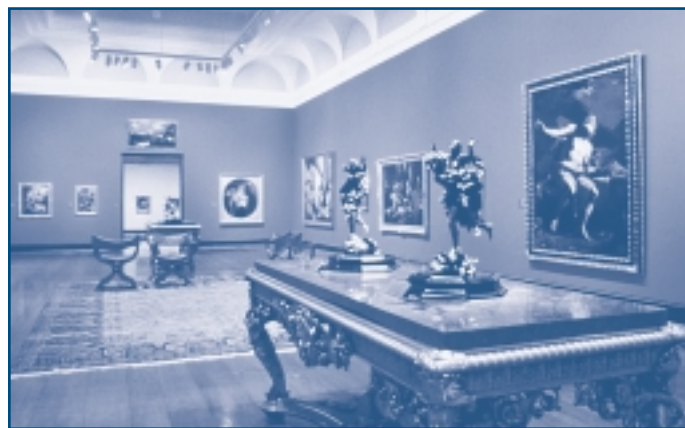
Saturday, March 24

- **Lunch and Learn Sessions** — These sessions will provide close interaction between peers, colleagues and experts in the field. Drs. **Andrew Alpert**, **Izchak Barzilay**, **Robert Marx**, **Steve Rimer**, and many others will preside over small group settings. These offer participants a chance to share experience and expertise, discuss problems and potential solutions, and learn about new techniques and applications.

Sunday, March 25

The Academy and the National Institute of Dental and Craniofacial Research (NIDCR) will host a complimentary grant writing workshop. Aimed at postdoctoral candidates, new investigators and researchers, the program

will focus on conceptual and practical aspects associated with the grant writing process.



The President's Reception will be held in the Art Gallery of Ontario, the eighth largest art museum in North America with more than 25,000 works representing 1,000 years of extraordinary art.

Photo courtesy: Tourism Toronto

Toronto — ‘a meeting place’

By Kevin P. Smith, executive director

More than 200 years ago, the Huron people knew the north shore banks of Lake Ontario as Toronto, a word in their language that meant “meeting place.” In 1793, British settlers named the town that had sprung up, York. In 1834, they realized that the Hurons had been right in the first place. It was then — and remains today — a meeting place, a crossroads of culture and cultures. Toronto has been its name ever since.

Toronto is an excellent setting for the Academy’s Annual Meeting this year. This is only the second time in our history that we will hold an annual meeting outside the United States. The city of Toronto was selected for many reasons. It is conveniently located within a one-hour drive for 5 million Canadians and a 90-minute flight for over 60 percent of the United States.

Toronto is a world-class city, with a cosmopolitan mix of shopping, dining, nightlife and theater. This city is known for its safe, clean streets and warm, friendly people. The Metro Toronto Convention Centre, where the meeting will be held, is large enough to handle our growing number of scientific sessions and the expanded exhibitor space.

For those unfamiliar with entering Canada, U.S. citizens, including children, need proof of U.S. citizenship: either a birth certificate together with photo identification or a passport. U.K. citizens and Australian citizens require a passport and proof of onward passage out of Canada. Visitors from other countries require a passport and may also require a visa.

The Academy has reserved two outstanding hotels for the Annual Meeting. The official meeting hotel, the classic Royal York Hotel, is located in the very heart of Toronto, only three blocks from the Metro Toronto Convention Centre. Our secondary hotel, The Westin Harbour Castle Hotel, is only five blocks from the convention centre. Buses will provide courtesy transportation between the hotels and convention centre.

The Royal York Hotel is just a short stroll away from theaters, restaurants, great shopping and a host of other attractions. The Royal York has direct indoor



The World-famous Eaton Centre is one of Toronto’s shopping destinations.

access to Toronto’s underground PATH, which connects to the convention centre, downtown’s best shopping and services, and Union Station.

Toronto has much to offer attendees and their spouses when not attending annual meeting events:

- **Theater District** — The third largest theater district in the world, with a variety of first-run shows.
- **Shopping** — Yorkville with its boutiques and the world-famous Eaton Centre.
- **Sports** — Hockey Hall of Fame, Skydome (home of the Toronto Blue Jays), and the Air Canada Centre, new home of the Toronto Raptors NBA team and the famous Toronto Maple Leafs hockey club.
- **Attractions** — Tour the CN Tower, one of the world’s tallest structures; take a side trip to nearby Niagara Falls, one of the world’s natural wonders; experience the “European inspired” Casa Loma, Toronto’s only castle.



▲ Casa Loma with its European-inspired architecture, is Toronto’s only castle.

Photos courtesy: Tourism Toronto

Dr. **James Doundoulakis**, Annual Meeting Chair along with Dr. **David Cochran**, Annual Meeting program chair, have put together an excellent scientific program and introduced a new three-track format that will appeal to every practitioner. There will be simultaneous presentations on diagnosis and treatment planning, prosthetics and surgery with a total of over 50 of the top researchers and clinicians from all over the world. As always, the meeting will be a forum for the presentation and exchange of ideas about innovative research and its application to clinical therapies.

We encourage members to come early. Again, our program will feature oral research presentations, table clinics and poster presentations. Meet with the experts by attending the Limited Attendance Lectures and Lunch and Learn sessions. Over 100 exhibiting companies will feature their latest products in the expanded exhibit hall.

This year’s meeting promises to be the best ever. We look forward to seeing you in Toronto.

Program reaches out to implant lab technicians, fosters team approach to treatment planning

The Academy of Osseointegration is encouraging implant laboratory technicians to register for an innovative program at the 2001 meeting, March 23-24, in Toronto. The objective of this first-of-its-kind symposium is to foster a team approach to treatment planning.



Dr. Robert Garfield

Implant laboratory technicians and dentists will present a multi-disciplined perspective on key ways that laboratory technicians can enhance patient outcomes and quality of results.

“Achieving the best result for our patients requires a lot of advance planning — creating a dialogue that blends the dentist’s insights with the expertise of laboratory technicians who bring vital perspective to the table,” said **Dr. Robert Garfield**, Los Angeles, CA, the program’s chair. “This program breaks new ground, providing a forum for professionals to

explore opportunities to work collaboratively together.”

A committee comprised largely of implant lab technicians from throughout the country brainstormed ideas for the program’s agenda. Among featured speakers and topics will be:

- **Charles E. English**, DDS, Heber Springs, AR, “Biomechanical Considerations to Prevent Failures in Implant Dentistry.” A dentist with a long career in private practice, Dr. English is also a skilled technician, partner in a large dental lab and known for his expertise in training dental lab technicians.
- **David Kochberg**, RDT, and **Irene Tamblyn**, RDT, Toronto, “The Technical Aspects of Implant Dentistry”
- **Skip Carpenter**, CDT, Matthews, NC, “Creating Illusions with Porcelain for Implant Dentistry”
- **David Prestipino**, CDT, Alexandria, VA, “Abutments, Milling & Framework Design”

- **Tim Ide**, RDT, Santa Monica, CA, “Custom Abutment Fabrication”
- **Renzo Casellini**, MDT, Los Angeles, CA, **Amerian Sones**, DMD, MS, Westlake Village, CA, **Stephen Wheeler**, DDS, Encinitas, CA, “Team Interaction Planning for Success.”

The session will close with a panel discussion, combining the insights of professionals in dentistry and implant lab technology in a unique forum for investigating key issues.

The Academy is taking the lead in providing educational support and opportunities for technicians, both at its annual meetings and at regional meetings throughout the year. Allied dental auxiliaries involved in implant presentation, treatment planning, patient management and hygiene will eventually be included in the educational programs offered at these regional meetings. Affiliate membership in the Academy is available to these important members of the implant team. Of course, doctors will also be welcome.

Academy embraces dental technician education

By Debra Beierle, CDT

Last year I had the honor of attending the Academy of Osseointegration’s Annual Meeting in New Orleans. As a dental technician, I was thrilled by the opportunity to experience the many different lectures and slide presentations geared toward continuing education in the implantology field.

I also attended a meeting held specifically for dental technicians. There, we discussed ideas and topics that we would like to see addressed at future Academy meetings. It was an opportunity to share our experiences and ideas with peers.

Dental technicians who want to be a knowledgeable part of the dental “team” in implantology must take advantage of educational opportunities. It was refreshing to see the interest in providing these opportunities through the Academy.

New Orleans was a good starting point. The lectures and slide presentations at both meetings were valuable and

informative. Perhaps more importantly, they helped focus attention on the need for continuing education among dental technicians.

Our work is paying off. This year, the Academy’s Annual Meeting in Toronto will feature a technology program specifically aimed at dental technicians.

Embracing new breakthroughs through programs like this will allow us to contribute new ideas, help devise solutions for many common problems and enhance the success of the treatment process.

Presentations geared toward the technical applications of implantology will only increase our capabilities in this sophisticated service. Incorporating these lectures into the educational program at future Academy meetings will stimulate more technicians to attend and share their own expertise.

Dr. Ronald Odrich is international lecturer

Ronald B. Odrich, D.D.S., practices at Park Avenue Periodontal Associates, New York City. He



Dr. Ronald B. Odrich

received his D.D.S. and Certificate in Periodontics from Columbia University, where he taught many years at the

Columbia School of Dental and Oral Surgery. An international lecturer, he is a diplomate in the American Board of Periodontology and a member of many dental societies and organizations. He is also an avid painter and a world-renowned jazz musician, having performed at Carnegie Hall and taken part in many recordings.

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Special Feature

Development of the ridge expansion

By Ronald B. Odrich, DDS, Diplomate, American Board of Periodontology

Around 1982, I had a seminal conversation with three Roman dentists — **Agostino Scipioni, Gianni Bruschi** and **Gaetano Calesini** — who are still close personal friends. What they proposed in that conversation and the techniques they subsequently developed have had a far-reaching impact on the methods available for placing implants in areas of atrophic ridges and sites with diminished bone.

For years, I had championed the advantages of using periosteal retention techniques in the surgical treatment of moderate to advanced periodontal diseases. They absorbed the theory and clinical studies supporting this approach, and each became expert in the techniques and their clinical applications. Today, we know these techniques as Edentulous Ridge Expansion (E.R.E.) and Localized Management of the Sinus Floor (L.M.S.F.).

Their thesis, back then, was essentially a challenge. They knew that a surgical technique that preserves the integrity of the periosteal-endosteal envelope protects bone, and they recognized that intact sockets repair predictably after teeth are removed. They logically postulated that they might apply techniques

using these principles to create more bone, where needed, for optimum implant placement. In this way, the surgeon could take advantage of a known predictable physiologic healing potential to eliminate the use of grafting materials and membranes, thereby simplifying the whole process.

If proven practical, this thesis would broaden the possibilities of implant surgery and both hasten and improve results attainable with implant placement. Think, for a moment, what this means:

- Membranes, and their inherent complications, are eliminated;
- Grafting materials (either foreign or natural) are avoided;
- Secondary surgeries, searching for donor sites to harvest bone, become unnecessary;
- The traditional "lateral window" approach to sinus grafts is rarely indicated;
- Healing times, most often, are greatly reduced; and
- Prosthetically favorable implant placement becomes the rule.

Over the ensuing years, Bruschi, Scipioni and Calesini developed and refined the two methods that achieve these goals: the E.R.E. and the L.M.S.F. techniques. Both procedures place implants in either shallow and/or narrow

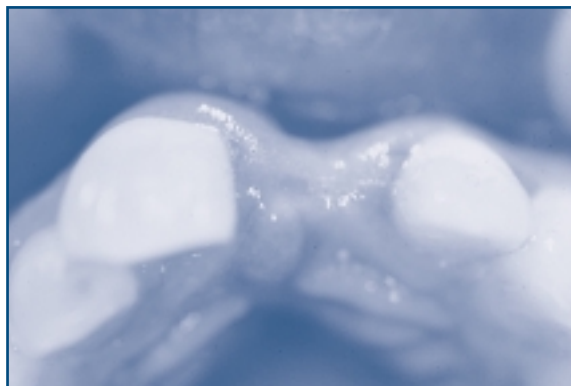
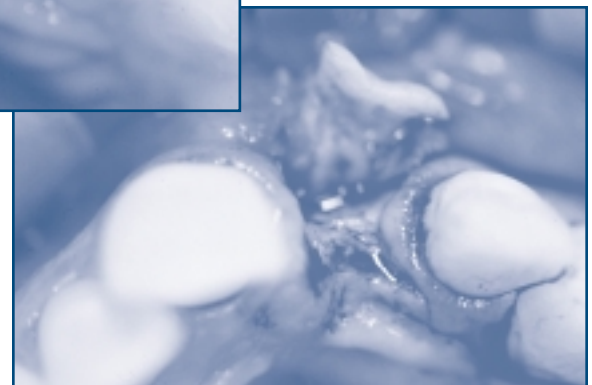


Figure 1 ▲

A clinical case helps to illustrate the procedure.

Figure 2 ▼



n techniques (E.R.E. and L.M.S.F.)

ridges previously considered unsuitable for simple implant insertion. Of even greater significance is the fact that these approaches customarily permit direct implant placement in more favorable prosthetic positions, eliminating intermediary procedures and long healing periods.

The E.R.E. and L.M.S.F. techniques make it possible to restore narrowed atrophic arches, increase the vertical dimensions of bone in the sinus areas and correct the concavities resulting from collapsed labial plates. Reconstructing these lost tissues is done without the use of onlay grafts, allografts, or membranes.

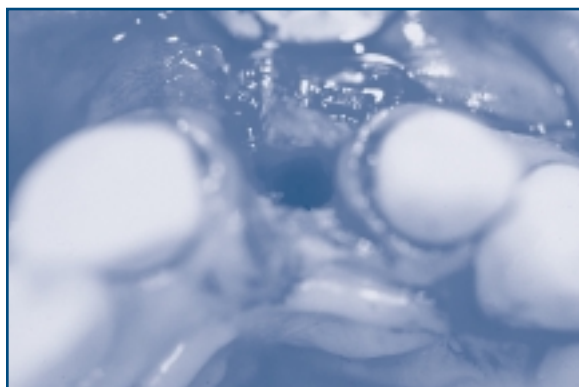


Figure 3 ▲

In most instances, the L.M.S.F. technique replaces traditional sinus grafts. The Rome group — Drs. Bruschi, Scipioni and Calesini — has published many studies, which are now part of the implant literature. Their clinical documentation began in 1986.¹ The studies report the successful application of these techniques, resulting in more than 2,000 implants in function over a 12-year period.

A longitudinal study corroborating these results is under way in the offices of Park Avenue Periodontal Associates in New York. (Drs. Odrich, Winter and Pollack).

The following is an abridged description of these procedures:

The E.R.E. Technique

A clinical case will help to illustrate this approach.

Figure 1 — In the site of a maxillary left central incisor, the post-extraction collapse of the facial plate has resulted in a marked concavity. Ordinarily this situation calls for an onlay graft with months of healing needed before implant placement.

Figure 2 — The E.R.E. technique begins with a partial thickness flap. We then make an incision into the narrow bony crest, using a #64 Beaver Blade or any equivalent surgical instrument with similar properties and dimensions. The bony crest is considerably thinner than it seems but is purposely left covered with an ample layer of connective tissue. This is done to create a robust soft tissue component for the projected coronal location of the gingival margin.

The bony incision begins slightly palatal to the crest, and we take care to “snake” the #64 Beaver Blade between the facial and palatal cortical plates and

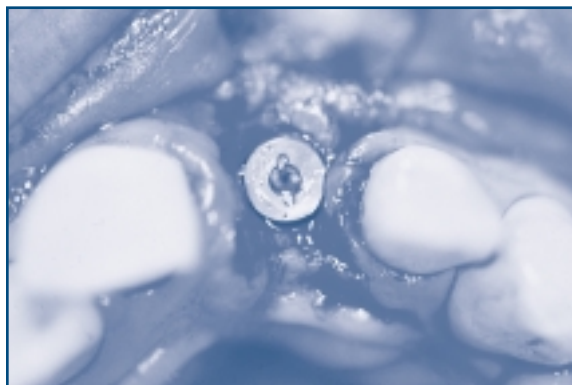


Figure 4 ▲

proceed in an apical direction. We make the cut using a rocking-rotary motion with the 64 blade. We may help it along with light use of a mallet. Once we achieve a minimum depth of 10 millimeters, the newly

Benefits of ridge expansion

1. Membranes, and their inherent complications, are eliminated;
2. Grafting materials (either foreign or natural) are avoided;
3. Secondary surgeries, searching for donor sites to harvest bone, become unnecessary;
4. The traditional “lateral window” approach to sinus grafts is rarely indicated;
5. Healing times, most often, are greatly reduced; and
6. Prosthetically favorable implant placement becomes the rule.

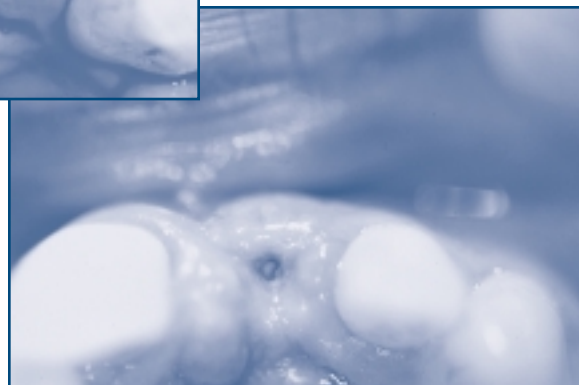
created plate of bone is eased gently in a facial direction with root tip elevators.

Figure 3 — Mesial and distal relaxing incisions are made within the confines of the bony flap in what will become the new facial plate of the surgically created “socket.” A series of step-tapered osteotomes (Friadent) deepens and widens the site. This creates a new “socket” while maintaining the integrity of the periosteal-endosteal envelope.

Figure 4 — Having created the desired width and depth, a (4.5mm x 13mm Frialit-2) step-tapered screw implant is placed and the flap sutured.

... continued on page 11

Figure 5 ▼



Development of the ridge expansion technique ...continued from page 9

Figure 5 — The favorable implant position and reconstructed labial prominence with mature keratinized gingiva are evident three months later. (Compare with Figure 1).

The root-shaped Frialit-2 implant is essential for the E.R.E. and L.M.S.F. techniques, since it is a step-tapered screw or cylinder. This implant design has additional benefits. Specifically, it gathers and compresses bone, moving it laterally and apically at the time of insertion, which is particularly useful in the L.M.S.F. approach.

It tapers apically and therefore fits nicely within the confines of the superior portion of the bony housing in this newly formed “socket.” The wider coronal dimension acts as a support for the cervically expanded alveolar crest, which reestablishes the normal radicular prominence and places the facial margin of the crown where it should be prosthetically. The internal hex avoids the necessity for a countersink in the bone and, therefore, aids in locating the biologic width and the facial margin with predictable precision. The tapered form also permits considerable latitude in changing the angle of the cervical part of the implant to create a more esthetic emergence profile, while avoiding the likelihood of apical perforation of the expanded facial plate. This is in marked contrast to a wider-bodied non-tapered implant, whose apical portion offers no such latitude.

The L.M.S.F. technique

We apply the L.M.S.F. technique where there is too little bone under the maxillary sinus to place an implant alone. Since there is often a narrowing of the arch (maxillary ridges tend to resorb apically and palatally following tooth loss), an E.R.E. technique is frequently performed with the L.M.S.F. technique. This can restore a reduced “V” shaped arch form to its original ovoid dimension. Utilizing both procedures ensures that the implants

are placed in optimum prosthetic positions with particular attention given to the future location of the maxillary central fossae and the emergence profile in the proposed restorations.

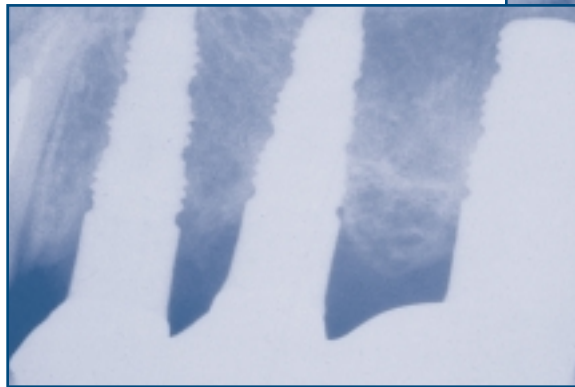


Figure 7 ▲

We raise a partial thickness flap and expand the buccal plate, using the instruments previously described, and form a rectangular “socket,” using the E.R.E. approach. The careful preservation of the integrity of the periosteal-endosteal envelope ensures a rich fount of pluri-potential osteogenic cells. A series of osteotomes (Friadent) is used to push the bone apically and laterally.

Once the floor of the sinus is “infractured,” we use a progressive series of tapered bone expanders to prepare each site. Thus, the alveolar process is expanded both apically and buccally. An ample “cushion” of collagen sponges is used to gently raise the sinus floor superiorly and laterally. Molar sites are ideally prepared to 6.5 x 13 mm, and bicuspid are prepared to receive 5.5 x 13 mm implants.

Figure 6 — Radiograph of an upper left posterior segment, before treatment, with little crestal bone below the sinus.

Figure 7 — Radiograph of the case restored and in function for four years. We extracted the first bicuspid and second molar and endodontically treated the cuspid. The three implants (Frialit-2) were placed using both the E.R.E. and the L.M.S.F. techniques. Neither

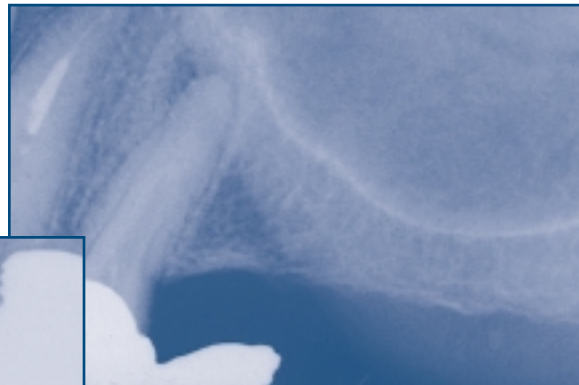


Figure 6 ▲

bone grafts nor membranes were used. Light and electron microscopic examinations have verified that the mineralized tissue formed using this approach is bone.²

Published studies³ have affirmed the success of these procedures, as have clinical experiences at offices in New York (Park Avenue Periodontal Associates, with Drs. Odrich, Winter and Pollack) and Rome (Drs. Bruschi, Scipioni and Calesini).

Steep learning curve

Several comments regarding these two procedures are appropriate. Maintaining the integrity of the periosteal-endosteal envelope is critical. The techniques are operator sensitive and have a steep learning curve. The above descriptions are, of necessity, compressed and simplified. Though requiring skill and experience, these procedures are worth the effort, because they achieve impressive results in less time than traditional techniques require. Patients, therefore, have fewer surgical episodes, enabling them to receive their prostheses quickly and more comfortably.

Those of us who have been using and teaching these techniques for some years have found their applications continually broadening and gratifying. In so doing, they have revolutionized our practices. We salute Drs. Bruschi, Scipioni, and Calesini for their creative thinking and for their clinical expertise yielding such superb results. We thank them for their willingness to share these original techniques with their colleagues.

Foundation distinguishes AO from other organizations

By Dr. David Guichet

The Academy's Osseointegration Foundation distinguishes it from all other implant organizations. The Academy of



Dr. David Guichet

Osseointegration and the Osseointegration Foundation were started to advance the science of craniofacial implant rehabilitation. Academy members have distinguished themselves by treating hundreds of thousands of patients with implant dentistry.

In addition, through the Foundation's Charitable Grant Program, many Academy members have provided implant dentistry to individuals who

would have had significant financial difficulty affording this technologically advanced therapy. On page 13 of this issue of *Academy News*, Dr. **Glenn Wolfinger** provides a treatment report of a patient treated under this program.

The Osseointegration Foundation started as a charitable organization 14 years ago. Initially, Foundation activities focused in three areas: education, research and charitable programs. One Foundation activity that is visible each year is the

Silent Auction. This year, the Foundation has funded the Academy's Implant Research Grant Program. This successful program has attracted many applications.

The Foundation's programs and activities are made possible through the generous contributions of corporate sponsors and individual Academy members. The Foundation's Five-Year Capital Campaign is currently under way.

Each year, when paying Academy dues, members have an opportunity to make a tax-free contribution to forward the Foundation's goals. Last year, over 50 percent of Academy members made charitable contributions. Thank you. The Foundation would like to increase knowledge of its activities and improve on the already successful campaign. Your involvement is greatly appreciated.

Former Foundation President Dr. **Jack Zosky**, Toronto, Canada, has recently passed the leadership baton to current President Dr. **Tom Balshi**, Fort Washington, PA. The Foundation is further refining its mission. This year, the primary focus is to expand the Charitable Grant Program.

... continued on page 13

1/2 page Ad

New Ad - New Film to Come

Osteo-Implant

1/c Film Supplied

Foundation-sponsored procedure improves quality of life for 21 year-old patient

By Dr. Glenn Wolfinger

The Osseointegration Foundation recently funded dental implants for a 21-year-old Indiana woman with a hereditary congenital anomaly. Due to this anomaly, both she and her brother were born with few permanent teeth. Her family's financial difficulties prevented her from seeking this treatment on her own.



Dr. Glenn Wolfinger

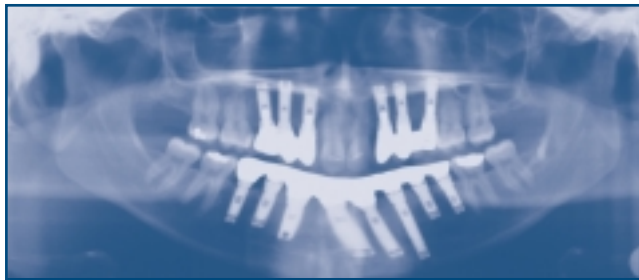
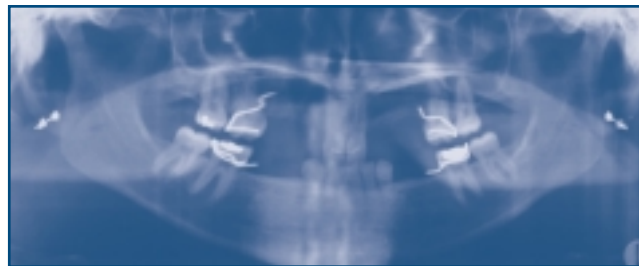
After the woman contacted the Foundation and presented her situation, it made arrangements to have the required treatment administered. Foundation President Dr. **Thomas Balshi**, Ft. Washington, PA, performed the prosthodontic treatment to replace the missing teeth. The procedure has greatly enhanced this patient's quality of life.

This patient had only 10 of 32 permanent teeth: her first and second molars, and maxillary incisors, numbers 2, 3, 8, 9, 14, 15, 18, 19, 30, 31. The other teeth were missing, except the

primary lower anteriors, which were fused to the jaw bone.

Before implantation, the patient underwent orthodontic therapy at Indiana University's dental school. This helped align the ten remaining permanent teeth and provided proper spacing for the implants she would receive.

To start, Dr. Balshi extracted the fused primary teeth. He replaced them with eight Branemark implants (Nobel Biocare USA). Another six were then placed in the maxilla. The patient wore removable dentures during the healing period.



Because of the extensive traveling distance to our office in Pennsylvania, the patient could return only twice over a year-long period for treatment. As such, Dr. Balshi uncovered the implants and placed fixed provisional restorations on the same day. All 14 implants had integrated.

A few days later, Dr. Balshi delivered the final implant restorations: Ceramometal implant restorations replaced numbers 4, 5, 6, 7 and 10, 11, 12, 13 on three implants; and a traditional gold bar with acrylic denture teeth replaced numbers 20 through 29 on eight implants.

The patient was quite happy with both the functional and esthetic results of her treatment. These implant restorations will provide fixed teeth with little maintenance for the rest of her life.

Each year, the Osseointegration's Charitable Grant Program makes available patient care grants to subsidize the care of individual patients, based on need. Recently, the Board of Directors increased the maximum grant amount to \$4,000, depending on the severity of each case. Grants pay for incidental expenses; corporate and manufacturing partners donate materials; and practitioners donate their professional skills and provide necessary private or office settings.

Foundation distinguishes AO *...continued from page 12*

Corporate sponsors have agreed to provide qualified patients with implants and necessary components, including grafting material and membranes where needed. Additionally, maximum grants have increased to \$4,000 from \$1,500. Grant distribution is subject to the review of the patient's needs and the evaluation of the Foundation's Charitable grant committee.

The Foundation has extended the deadline for charitable grant submissions. Applications must be received at the Academy's office by March 15, 2001. Please log onto the Academy Website at www.osseo.org to download charitable grant applications and for information on the Academy of Osseointegration and the Osseointegration Foundation.

Members only website open

The restricted "members only" section of the Academy Website is now in operation. Contacting your AO colleagues is as easy as a simple click of a button. The AO on-line membership directory can be accessed by using your email address and the password - "osseo."

AO to offer first regional meeting for GPs

Taking a proactive role in expanding professional education on implant dentistry to general practitioners, AO will sponsor its first regional meeting, May 19, at the Hyatt Regency Hotel in downtown Los Angeles, CA.

This first-of-its-kind program will focus on basic, practical issues in implant dentistry, providing general and restorative practitioners with vital information to diagnose and treat implant patients at entry level and beyond. Eight featured speakers, including four general practitioners, will share expertise in several key areas:

- Practice management for the standard of care
- Case planning and record keeping
- Treatment sequencing and when to refer for surgery
- Radiographic and CT scan interpretations
- Informed consent and expectation management
- Setting realistic fees
- Simple, everyday implant restorations
- Implant and esthetics
- Biomedical principles to avoid implant failures
- Implants in the typical general practice
- How to work with the lab

- How AO membership can benefit the modern dentist.

“Implants are now the standard of care for replacing diseased/terminal teeth, but the majority of general practitioners recommend implants to their patients only occasionally and, in some cases, never,” explained Dr. **Robert E. Garfield**, Los Angeles, CA, chairman of the Ad Hoc Committee on Regional Meetings. “Lack of entry-level implant education for GPs in dental school and afterward is the primary reason for this phenomenon.

“The Academy is taking a proactive role — in concert with the implant industry and dental laboratories — in educating general practitioners to become comfortable and confident with their new standard of care,” Dr. Garfield added.

Presentations will emphasize education and training in a product-generic manner. Participants will have opportunities to sign up for Academy-sponsored follow up and advanced training.

With success in Los Angeles, AO will expand regional meetings to venues throughout the country. For more information on the program and to register, contact the AO executive office at 847/709-3030.

Friident AD
“Welcome To Our World”
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